

New Jersey Hospital Maternity Care Report Card 2024

Summary of Findings and Recommendations



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Overview of Delivery Hospitalizations for New Jersey Birthing People in 2024

- The racial/ethnic profile of New Jersey birthing people is changing over the last quarter century. Racial and ethnic groups that are not Non-Hispanic White represent 55% of all births in 2024 (the same proportion as in 2023), compared to 46% in 2000.
- There were 95,385 deliveries (singleton/first of multiple live births) at licensed birthing general acute care hospitals compared to 95,106 deliveries in 2023.
- The number of birthing people covered by private insurance was 58,443 compared to 59,597 in 2023, and those covered by Medicaid was 33,504, compared to 32,508 in 2023.
- The rate of cesarean birth in 2024 was 32.5%, which was nearly the same as the 2023 rate (32.6%). The rate of vaginal births was 67.5%, also similar to the 2023 rate (67.4%).
- The rates of obstetric hemorrhage increased to 59 from 58 per 1,000 delivery hospitalizations in 2023, and severe maternal morbidity (SMM) with transfusion increased to 26 from 25 per 1,000 delivery hospitalizations in 2023. The rate of post-admission infections remained stable at 22 per 1,000 delivery hospitalizations in 2024 as it was in 2023.
- There were higher rates of cesarean deliveries with complications as compared to vaginal deliveries per 1,000 delivery hospitalizations: obstetric hemorrhage (130 cesarean versus 25 vaginal); post-admission infections (28 cesarean versus 20 vaginal); and SMM with transfusion (48 cesarean versus 16 vaginal).

Variation in Characteristics and Outcomes by Hospital in 2024

- Sixteen (16) birthing hospitals (of the 46 total) had higher rates of obstetric hemorrhage than the statewide rate of 59.0 per 1,000 delivery hospitalizations, a decrease from 19 out of 47 birthing hospitals in 2023.
- Twelve (12) birthing hospitals (of the 46 total) had higher rates of SMM with transfusion than the statewide rate of 26.4 per 1,000 delivery hospitalizations, an increase from 11 out of 47 birthing hospitals in 2023.
- Eighteen (18) birthing hospitals (of the 46 total) had higher post-admission infection rates than the statewide rate of 22.2 per 1,000 delivery hospitalizations, an increase from 13 out of 47 birthing hospitals in 2023.
- Episiotomy rates varied widely among hospitals, from 0.4% to 13.2% (a narrower range compared to 2023). The statewide rate decreased to 3.0% from 3.6% in 2023.

Delivery Complication Rates by Race/Ethnicity in 2024

- Non-Hispanic Black birthing people continued to have the highest rate of SMM with transfusion (43.6 per 1,000 delivery hospitalizations, an increase from 41.2 per 1,000 delivery hospitalizations in 2023). Hispanic birthing people had the second highest rate of 31.3 per 1,000 delivery hospitalizations. The lowest rate was among Non-Hispanic White birthing people at 19.1 per 1,000 delivery hospitalizations.

- Non-Hispanic Black birthing people had the highest rate of obstetric hemorrhage (68.8 per 1,000 delivery hospitalizations, a slight increase from 68.2 per 1,000 delivery hospitalizations in 2023). Hispanic birthing people had the second highest rate of 57.2 per 1,000 delivery hospitalizations. The lowest rate was among Other/Multi-race birthing people at 50.2 per 1,000 delivery hospitalizations.
- Hispanic birthing people had the highest rate of post-admission infection of 30.0 per 1,000 delivery hospitalizations. In 2023, Non-Hispanic Asian birthing people had the highest rate (32.9 per 1,000 delivery hospitalizations), which decreased to 29.5 per 1,000 delivery hospitalizations in 2024. The lowest rate of post-admission infection in 2024 was among Non-Hispanic White birthing people at 14.3 per 1,000 delivery hospitalizations.
- Non-Hispanic Asian birthing people had the highest rate of third- and fourth-degree perineal lacerations without instrument (4.3%, a slight decrease from 2023). Multi-race/other race birthing people had the second highest rate of 1.7%. The lowest rate was among non-Hispanic Black birthing people at 0.9%.
- Non-Hispanic Asian birthing people had the highest rate of episiotomy (7.3%) delivery hospitalizations, a continued decrease from 8.9% in 2023, and 10.3% in 2022). Non-Hispanic White birthing people had the second highest rate of 3.2%. The lowest rate was among Non-Hispanic Black birthing people at 1.3%.

Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Births in 2024

- The rate of cesarean births among nulliparous (first time birthing people), with a term (37 or more completed weeks of gestation), singleton (one fetus), in a vertex position (head-first presentation of the fetus), or NTSV cesarean births, slightly decreased to 24.9% in 2024 from 25.4% in 2023. The percentage of birthing acute care hospitals in New Jersey that achieved the U.S. Department of Health and Human Services Healthy People 2030 target of 23.6% or fewer NTSV cesarean births increased to 41.3% in 2024 from 38.3% in 2023. Please see the table below for additional details.

Year	Percentage of Birthing Acute Care Hospitals in NJ achieving the Healthy People 2030 target of 23.6 or fewer NTSV cesarean births (per 100 live births)	NJ statewide rate of NTSV cesarean births (per 100 live births)
2024	41%	24.9
2023	38%	25.4
2022	44%	24.3
2021	42%	24.9
2020	35%	25.9
2019	33%	26.7
2018	20%	27.8
2016	16%	30.3

Recommendations

In collaboration with hospitals, providers, community-based organizations, the New Jersey Maternal and Infant Health Innovation Authority, as well as the New Jersey Maternal Mortality Quality Collaborative, the following recommendations are highlighted:

- Further research is needed to understand the mechanisms that contribute to obstetric hemorrhage, post-admission infections, and SMM with transfusion at the hospital level.
- Variation in outcomes between hospitals highlight the need to encourage the use of standardized practice guidelines, such as the adoption of a standard measure for Quantitative Blood Loss (QBL) to ensure accuracy of data.
- Birthing people who experienced cesarean deliveries had significantly higher risk-adjusted complication rates for SMM with transfusion, post-admission infections, and obstetric hemorrhage. Therefore, modifiable risk factors that contribute to higher complication rates need to be identified.
- Disparities in outcomes by race/ethnicity and other maternal indicators should be considered in combination with findings from the New Jersey Maternal Mortality Review Committee, and policy recommendations should be made in alignment with the Nurture NJ strategies.
- New Jersey hospitals are encouraged to participate in the registration-based Maternal Data Center Hospital Portal (anticipated release late 2025/early 2026). This Hospital Portal allows hospitals to review maternal health measures, allowing them to track morbidity indicators, labor and delivery interventions, and trends over time on a quarterly basis to improve data quality, conduct benchmarking, monitor performance, and review demographic information for their individual hospital.